

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		49	6/11/01
<b>FORMALITY REVIEW</b>	TJ	953	07-26-01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	Original
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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Claim	Date
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ICG  
1/26/01If more than 150 claims or 10 actions  
staple additional sheet here